MISSOURI STATE BOARD OF HEALTH Do not use this space. AGE should be stated EXACLLER. FLEED IS VERY important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 34889 1. PLACE OF DEATH County..... Registration District No.... File No...... Township Primary Registration District No Registered No (a) Residence, No. (If nonresident, give city or town and State) (Usual place of abode) Length of residence in city or town where death occurred mos. How long in U.S., if of foreign birth? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) , 1933 DIVORCED (write the word) 22. That I attended deceased from 5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF to have occurred on the date stated above, at 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) N. B.—Every item of information should be careaus, surpersond CAUSE OF DEATH in plain terms, so that it may be properly classified. The principal cause of death and related causes of importance were as follows If LESS than 1 7. AGE **YEARS** MONTHS. day, ......hrs. Date of onse min. Trade, profession, or particular kind of work done, as spinner, ATFON sawyer, bookkeeper, etc ..... UNFADING 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... Date deceased last worked at this occupation (month and 11. Total time (years) spent in this Other contributory causes of importance: year).... occupation..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME What test confirmed diagnosis? (Multipage, Was there an autopsy? 14. BIRTHPLACE (CITY OF TOWN (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?...... Date of injury......, 19...... 15. MAIDEN NAME Where did injury occur?....(Specify city or town, county, and State) 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Specify whether injury occurred in Industry, in home, or in public place. 17. INFORMAN (ADDRESS) Manner of injury..... 18. BURIAL Nature of injury..... 24. Was disease or injury If so, specify...... 19. UNDERTAKER (ADDRESS)

